1414883

### FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR OPM LIMITED OFFERING EXEMPTI

OMB	APPR	OVAL
		3235-0076
Expires:	April	30,2008 se burden
Estimated	averaç	ge burden
		se 16.00

SEC USE ONLY

DATE RECEIVED

,	UNIFORM LIMITED OFFERI	NG EXEM	PTION L	
Name of Offering ( check if Initial Investment in Members	this is an amendment and name has changed, and indi	cate change.)		
	apply): Rule 504 Rule 505 X Rule 506  G Amendment	Section 4(6)	ULUE	RECEIVED
	A. BASIC IDENTIFICATIO	N DATA		OCT 0 9 2007
1. Enter the information reques	ted about the issuer		The state of the s	
Name of Issuer ( check if the Savant GPS, LLC	s is an amendment and name has changed, and indicate	change.)		185
Address of Executive Offices 6814 Gant Road, Suite 124,	(Number and Street, City, S Houston, Texas 77066	State, Zip Code)	Telephone Numb (281) 757-4028	er (Including Area Code)
Address of Principal Business Op (if different from Executive Office		State, Zip Code)	Telephone Num	ber (Including Area Code)
Brief Description of Business Development, marketing and	sales of handheld golf-related electronic produc	cts.	1	
Type of Business Organization corporation	limited partnership, already formed	other (	please specify):	PROCESSED
business trust	limited partnership, to be formed	Limited Lia	ability Company	OCT 1 2 2007
Actual or Estimated Date of Incor Jurisdiction of Incorporation or C	Month Year poration or Organization: 0 8 0 7 5 rganization: (Enter two-letter U.S. Postal Service abb	reviation for State	mated P	> THOMSON FINANCIAL

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

		A. BASIC IDE	NTIFICATION DATA		<b>建</b>
2. Enter the information re					
		uer has been organized wi			
					a class of equity securities of the issuer.
• Each executive off	icer and director of	f corporate issuers and of	corporate general and mar	raging partners of p	artnership issuers; and
Each general and n	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, i Williarns, Jimmie L.	f individual)				
Business or Residence Addre 6814 Gant Road, Suite 1	ss (Number and 24, Houston, Te	Street, City, State, Zip Co exas 77066	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, i Ford, Evan	f individual)				
Business or Residence Addre			ode)		
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, i Kanaly, Jeff	if individual)				
Business or Residence Addre 6814 Gant Road, Suite 1			ode)		
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, Copeland, Barry	if individual)				
Business or Residence Addre 6814 Gant Road, Suite	css (Number and 124, Houston, T	Street, City, State, Zip Co exas 77066	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, Fiscella, Steve	if individual)				
Business or Residence Addr 6814 Gant Road, Suite		l Street, City, State, Zip C exas 77066	ode)		
Check Box(es) that Apply:	X Promoter	X Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, Hightower, Clay	if individual)				
Business or Residence Addr 6814 Gant Road, Suite		1 Street, City, State, Zip C exas 77066	ode)		
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, Hatch, Michael	if individual)			<del></del>	
Business or Residence Addr 6814 Gant Road, Suite			ode)		

		A. BASIC IDE	NTIPICATION DATA	學是自然	
. Enter the information re					
		suer has been organized wi			
<ul> <li>Each beneficial own</li> </ul>	ner having the pow	er to vote or dispose, or dir	ect the vote or disposition (	of, 10% or more of	a class of equity securities of the issuer.
<ul> <li>Each executive offi</li> </ul>	icer and director of	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, i Stoneking, David	f individual)				
Business or Residence Addre 6814 Gant Road, Suite 1	ss (Number and 24, Houston, Te	Street, City, State, Zip Co xas 77066	de)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i York, Brian	f individual)				
Business or Residence Addre 6814 Gant Road, Suite 1	ss (Number and 24, Houston, Te	Street, City, State, Zip Co xas 77066	ode)		\
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Hassell, Dennis	f individual)				·
Business or Residence Addre 5814 Gant Road, Suite 1			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	<u> </u>			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	nde)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	ank sheet, or copy and use	additional copies of this	heet, as necessary	·)

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L	·	·····	<del></del>	<del></del>		14 m 4 m 1 1 m 2 2	1.0 x 1.1.10 x 2.		<u></u>		<del></del>	Yes	No
1.	Has the	issuer sold	, or does th									С	ഠ
	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?								a 100	,000.00			
2.	What is	the minim	um investm	ent that wi	ill be accep	oted from a	ny individ	uai?	***************************************			Yes	No
3.	Does the	e offering ;	ermit joint	ownership	of a singl	le unit?		***************************************	***********				₩ 140
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.												
	commiss If a pers	sion or simi on to be lis	lar remune: led is an ass	ration for se ociated per	olicitation rson or age	of purchase nt of a brok	rs in conne er or deale:	ction with registered	sales of sec with the S	urities in th EC and/or	with a state		
	or states	, list the na	me of the b	roker or de	aler. If mo	re than five	(5) person	s to be liste	ed are asso	ciated pers	ons of such		
Ful			first, if indi		introffinati	on for that	OTORCI OF	icaici only	•	a			
No	ne												
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Na	me of Ass	ociated Br	oker or Dea	aler	·					<del> </del>	<del></del>	<del></del>	<del></del>
			Listed Has	G-11-14-4	Y-4 J-	A- C-linia I			·			<del></del> .	
Sta	· -		" or check									□ Ali	States
	(Ciloux										***		
	AL	[AK]	AZ TA	(AR)	CA KY	CO LA	(CT) (ME)	DE MD	DC)	FL MI	GA MN	HI MS	ID MO
	IL [MT]	NE	NV]	(KS)	NJ	NM	NY]	NC)	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	II Name (	Last name	first, if indi	ividual)			. <u></u>			<del>,</del>			
Bu	siness or	Residence	Address (7	Vumber an	d Street, C	ity, State, 2	Zip Code)				<u> </u>		
Na	me of Ass	sociated Bi	oker or De	aler									
Sta	ites in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers			<del></del>			
	(Check	"All State:	or check	individual	States)	<b>747-41,4647017</b>	*************		***************	******	,	□ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	(ID)
	IL	[N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT)	NE SC	NV SD	NH TN	IXI	MM UT	NY VT	NC VA	ND) WA	OH WY	OK WI	OR WY	PA PR
Fu			first, if ind										
	11 11unio (	Dasi name	1.1.01, 11 1.110										
Bu	siness or	Residence	: Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of As	sociated B	roker or De	aler	<u>.</u>	<del></del>	<del>,,</del>						
Sta	ates in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					
(Check "All States" or check individual States)							□ Al	l States					
	AL,	AK	AZ	AR	CA	CO	CT	DE	DC]	FL	GA	HI	ID
	(TL)	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	TX]	NM UT	NY) VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	<u>\$</u>
	Equity	\$_1,400,000.00	\$_1,400,000.00
	X Common X Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	\$	<u> </u>
	Total	\$_1,400,000.00	\$ 1,400,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases § 1,400,000.00
	Non-accredited Investors		\$ 0.00
			s 0.00
	Total (for filings under Rule 504 only)	<u> </u>	. 3 0.00
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	; ;	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		
	Total	******	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees	[	
	Printing and Engraving Costs	E	
	Legal Fees	2	\$ 10,000.00
	Accounting Fees		. 0.00
	Engineering Fees	_	- 0.00
	Sales Commissions (specify finders' fees separately)	_	- 0.00
	Other Expenses (identify) Texas Filing Fees	_	500.00
	Total	-	. 10 500 00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."	gross	s1,389,500.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be us each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C — Question 4.b above.	te and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	s 0.00	<u>\$ 0.00</u>
	Purchase of real estate		\$ 0.00
	Purchase, rental or leasing and installation of machinery and equipment		so.oo
	Construction or leasing of plant buildings and facilities	5 0.00	\$ 0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$\$
	Repayment of indebtedness	s 0.00	\$ 0.00
	Working capital	s_0.00	
	Other (specify):	\$ <u></u> \$	\$ <u></u>
		 \$0.00	s
	Column Totals	\$ <u>0.00</u>	\$ 1,389,500.00
	Total Payments Listed (column totals added)		,389,500.00
	D. FEDERAL SIGNATURE		<b>李明</b> 李明 李
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	commission, upon writt	ule 505, the following en request of its staff,
Iss	euer (Print or Type)	Date	
	avant GPS, LLC	10/6/	2007
Nε	me of Signer (Print or Type)  (Title of Signer (Print or Type)		
	nmie L. Williams Chief Financial Officer, Treasurer and	Secretary	

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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